THE ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 05 Issue 05 *February 2005*

Table Of Contents

Message from the Chief

Greetings! I am delighted to have another opportunity to share some thoughts and information with you. The last several weeks have provided numerous opportunities to meet with many of you, primarily through the TRICARE conference and then the C.J. Reddy Leadership Conference.

COL Reddy served again as the keynote speaker to open the junior officer conference and stayed throughout the entire conference. His active participation and interactions were a great addition! We encouraged all the attendees to expand their circle of colleagues and be sure to add members of the other Services to their network, and when observing their interactions and discussions it was apparent, they did just that! I was honored to recognize three of these outstanding young officers as the 2005, Chief, Army Nurse Corps Award of Excellence recipients. The active duty recipient was CPT Yvonne Heib from Womack Army Medical Center, Fort Bragg, NC. CPT Bart Winkler from the 946th FST, Mobile, AL and mobilized to William Beaumont Army Medical Center was the Reserve recipient and CPT Richard Oberman of New Hampshire was the National Guard recipient. They were recognized by Gen. Gordon Sullivan and COL C.J. Reddy in the award ceremony.

The energies that our junior officers brought to identifying challenges and solutions for those challenges were incredible. Their efforts will assist us when we move into the ANC Strategic Planning work session in mid February. We have Nurse Corps officers from all three Components and across the various MTFs scheduled to assist in that planning session. We will prioritize all identified challenges and then utilize the workgroups to identify goals, timelines, milestones, deliverables and the personnel who we need to assist in them. I will not encourage us to do all things; we will prioritize short, medium and long-term goals and move out smartly! I will share some of these issues over the next few months in OPD sessions and in the newsletter. I am really looking forward to this event and working with you!

Not all the information I have for you this month is upbeat, but it is essential I get this information to you. Two issues are hurting our Nurses and I need your help to stop this trend. We have had almost a dozen officers in the last several months get General Officer Letters of Reprimand filed in their military records at HRC. The first reason is failure to obey a direct order--specifically General Officer Order Number One—no alcohol in theater. There is no

excuse for this error, and there is no way the ANC can protect you once you make that error. Please make wise decisions and watch out for one another—don't allow this to ruin your career. The second issue that is causing problems is fraternization. The policy, under AR 600-20, has been in place for years and there was a grace period when it was adopted. There is no tolerance for an officer having a relationship with an NCO or junior enlisted soldier. The rationale behind it relates to both a perception and actual discrimination towards the individual, unit morale, and command and control. Again, this behavior is not tolerated. You need to assist one another here and hold one another accountable for not crossing this line—as it can also result in UCMJ.

The other information I need all of you to have is that the MEB/PEB regulation is under revision so that if you have a medical condition that causes you to be non-deployable, it is no longer mandatory that you separate from the Army. This change makes the way we deal with AMEDD officers consistent. We have had some officers surprised they were retained after being identified as non-deployable, but I believe this was a good decision by our AMEDD and it is important that you have that information.

I hope that each of you took a moment to reflect on the nurses who have gone before you when the ANC celebrated our 104th birthday on 2 Feb! Take pride in being an Army Nurse and thank you again, for what you contribute to our Nation, Service Members, and families each day.

GALE S. POLLOCK
MG, AN
Chief, Army Nurse Corps

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANCs please e-mail article to MAJ Eric Lewis. The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Kudos and Publications

Kudos to the **Army Nurse Corps**, featured on the cover of the February issue of the American Journal of Nursing.

Congratulations to **MAJ Jason Windsor**, a Master's student at the University of Maryland, School of Nursing, who was awarded a HIMSS academic scholarship. The Healthcare Information and Management Systems Society selects one undergraduate, one Master's student, and one Doctoral candidate yearly. Scholarships are awarded for academic excellence and the potential for future leadership in the healthcare information and management systems industry.

Kudos to **MAJ James A. Cleveland**, Army Nurse, on his selection as contributing author in the newly released Mosby's "Real World Nursing Survival Guide" series titled: "Critical Care and Emergency Nursing". He authored the traumatic brain injury section, discussing the classification of brain injuries and treatment modalities. MAJ Cleveland is currently the Director of the M-6, Phase 1 (Licensed Practical Nurse) program at the Academy of Health Sciences, FSHTX.

Congratulations to **MAJ(P) Sara Breckenridge-Sproat** and **MAJ Rebecca Kitzmiller** on co-authoring two chapters in "Introduction to Nursing Informatics, 3rd Edition." The chapters were "Hardware and Software Selection" and "Implementation Process."

Kudos to **MAJ Jana Ortiz** and **MAJ Lisa Ford** for their recent publication in the "Journal of Obstetric, Gynecologic, and Neonatal Nursing," Jan/Feb 2005 Vol 34, Number 1, page 63 titled, "Existence of Staff Barriers to Partner Violence Screening and Screening Practices in Military Prenatal Settings."

Congratulations to the following ANC Officers selected for promotion to Colonel:

- Robert D. Bowman
- Nancy J. Hughes
- Kathy D. King
- Paul M. Kondrat
- Ruth E. Lee
- Lawrence A. Marquez
- Brenda C. McDaniel
- Carol A. Newman
- Timothy D. Reese
- Judith Ruiz
- Arthur C. Savignac
- Theresa M. Sullivan

Kudos to **LTC Kimberly Armstrong** for her best practice article "Command Your Competency Program" in the "Competency Management Advisor."

Congratulations to **Captains Amy Beasley, Shelley Kenenally, Natalie Mickel, Kija Korowicki, Sue McCann, Wylie Simmons, Harold Williams, and 1LT Julie Arundell** for publication of their article "Treating Patients with Smallpox in the Operating Room" in the AORN Journal, Oct 2004.

Project HOPE Prepares to Direct Relief Team on the Navy's Hospital Medical Ship

Former Corps Chief BG(Ret) Bill Bester heads nursing relief effort for Tsunami victims.

MILLWOOD, Va., Jan. 12 /PRNewswire/ -- A nonprofit organization with a history of shipboard assistance efforts today announced its relief team members who are prepared to lead a humanitarian aid mission aboard the US Navy hospital ship Mercy.

Project HOPE has recruited Harold Timboe, MD, MPH, University of Texas Health Science Center at San Antonio, and **William Bester, University of Texas at Austin School of Nursing**, to lead an important volunteer effort aboard the USNS Mercy.

The USNS Mercy is due to set sail today from Hawaii en route to the Indian Ocean to aid survivors of the Dec. 26 earthquake and tsunami in south Asia. The disaster left tens of thousands of people without access to basic medical care and medical supplies and destroyed much of the region's infrastructure.

"By pairing up the USNS Mercy with an independent relief agency and top- notch medical personnel, we are able to get quality health care to survivors in the hardest hit areas of the tsunami region," said John P. Howe, III, M.D., president and CEO of Project HOPE. "When Americans open their hearts, they can bring hope to millions."

This humanitarian aid effort is part of a proposal which would put Project HOPE in charge of volunteer relief efforts on the USNS Mercy.

Dr. Timboe will oversee all Project HOPE medical volunteers aboard the USNS Mercy. Approximately 200 health professionals over two rotations will volunteer their time to treat survivors of the south Asia tsunamis. Dr. Timboe currently serves as assistant vice president for research administration and initiatives at the University of Texas

Health Science Center. Dr. Timboe is a former commander of Brooke Army Medical Center, as well as Walter Reed Army Medical Center.

Bester has been chosen to lead the nursing volunteers on the medical ship. A retired brigadier general and chief of the U.S. Army Nurse Corps, Bester currently serves on the faculty at the University of Texas School of Nursing.

Many health professional organizations, including Harvard Medical School and Massachusetts General Hospital, the Emergency Nurses Association, American Nurses Association, American Medical Association, and the American College of Physicians, have also agreed to provide physicians and nurses as Project HOPE volunteers.

The ship is expected to arrive in the tsunami-stricken region in February.

Shipboard relief efforts are nothing new to Project HOPE. "Project HOPE actually began nearly 50 years ago with the first peacetime hospital ship called the SS Hope," said Dr. Howe. "Its 1960 maiden voyage was to Indonesia." The SS HOPE was a Navy hospital ship given to Project HOPE by President Eisenhower on behalf of the American people. Project HOPE's involvement as a private partner in the USNS Mercy volunteer effort is part of its ongoing response to aid communities devastated by the recent tsunamis.

A $1.5 million Project HOPE humanitarian aid shipment destined to provide thousands of tsunami survivors with critical medicines began arriving this week in the Banda Aceh region of Indonesia. The aid will be targeted to hospitals, clinics and emergency centers. Project HOPE has also made ground deliveries of medical supplies in Thailand.

Founded in 1958, Project HOPE (Health Opportunities for People Everywhere) is dedicated to providing lasting solutions to health problems, with the mission of helping people to help themselves. Identifiable to many by the SS HOPE, the world's first peacetime hospital ship, Project HOPE now conducts land-based medical training and health education programs in 34 countries across five continents. For more information, please visit http://www.projecthope.org.

News from the Office of the Army Nurse Corps

The latest resource released on AKO is the Army Mentorship Resource Center. This is a tool we can all use. It contains valuable information on policies, regulations, guidance, and additional links of interest. Check it out at http://www.armyg1.army.mil/hr/MRC.asp

We are still pushing the use of the new ANC website on AKO. This page is the beginning of a knowledge management transformation to more effectively communicate with all members of the Corps. It will also provide career development, education opportunities, and information sharing. We will be developing AOC specific community pages to provide more detailed information for each of our nursing specialties. MAJ Eric Lewis manages the Corps Chief's Office Web initiatives please contact him with any ideas at mailto:Eric.Lewis@amedd.army.mil.

Directions to access and create a shortcut to the ANC AKO Homepage

We have created a PowerPoint presentation on how to access and create a shortcut to the ANC page from your AKO page. You can copy the URL, https://www.us.army.mil/suite/doc/1329577, and paste it into your web browser. You will be prompted to log onto AKO. Once you have logged in, please be patient as the page is loaded (may take a minute.) You will then be prompted to subscribe to the knowledge center where the presentation is located. After you have subscribed, the download prompt will pop-up, giving you the choice of opening or saving the presentation to your hard drive. If you are not given the download prompt after subscribing, reclick on the link (sometimes the subscription takes a few seconds to take place).

Updates from the Defense Medical Readiness Training Institute (DMRTI)

Joint Operations Medical Managers Course, 27 February - 4 March 2005

The Defense Medical Readiness Training Institute is hosting *the Joint Operations Medical Managers Course*, at the Saint Anthony Hotel, San Antonio, TX. For course information, contact TSgt Ramirez at (210) 221-9218; DSN 471. For registration, contact Mr. Moed at (210) 221-9143. For other course information, visit DMRTI's website at <http://www.DMRTI.army.mil>.

Military Medical Humanitarian Assistance Course, 5 - 6 March 2005

The Defense Medical Readiness Training Institute is hosting the *Military Medical Humanitarian Assistance Course*, at the Saint Anthony Hotel, San Antonio, TX. For course information, contact TSgt Griffin at (210) 221-0552; DSN 471. For registration and other course information, visit DMRTI's website at <http://www.DMRTI.army.mil>.

For more information please contact HM1 D. Cooks, Public Affairs Representative at the Defense Medical Readiness Training Institute, Fort Sam Houston, TX 78234-5091, (210) 221-9654.

HLSMEC course 13 - 17 June 2005

The Defense Medical Readiness Training Institute is hosting the Homeland Security Medical Executive Course, at the OMNI Hotel at South Park, Austin, TX.(512) 383-2602. For course information, contact TSgt Stuart at (210) 221-2434; DSN 471. For registration and other course information, visit DMRTI's website at www.DMRTI.army.mil <<http://www.DMRTI.army.mil>>.

Greetings from USAMMA by LTC Kimberly Smith

LTC Kimberly A. Smith, Director, Clinical Support Division
Kimberly.smith@det.amedd.army.mil

Greetings from the US Army Medical Materiel Agency (USAMMA) at Fort Detrick, MD. We wanted to take this opportunity to let you know a little bit about our organization and how we can help you, especially in the deployed setting. We will periodically put information in this newsletter to keep you up to date on what we're doing as well as pass along critical information like product testing results.

USAMMA is the Army's medical logistics focal point. We are responsible for developing for medical materiel to match the requirements defined by the Directorate of Combat and Doctrine Development (DCDD) in San Antonio. Our agency does product research and testing, acquisition and fielding of sets to units, manages the Army's pre-positioned stocks afloat, and participates in the review and update of the medical sets and assemblages. One of the newest changes at USAMMA is the addition of a clinical cell to work with the logisticians to help ensure that clinical concerns in the field are appropriately addressed. This clinical cell includes three nurses and one each pharmacist, physician assistant, and a lab officer. We work with the AMEDD consultants, DCDD, and other agencies to ensure that you have what you need to properly care for the warfighter on the battlefield.

Please keep our contact info handy, especially when/if you deploy, and don't hesitate to contact us with your questions or concerns. Everyone here is committed to the survivability of the soldier on the battlefield. We can be reached on the web at http://www.usamma.army.mil/. In future issues of the newsletter, we will take you through parts of our website that will help you more than you know. We look forward to working with all of you in the future.

Greetings from Command and General Staff College, Ft. Leavenworth, KS

The life of an Army Nurse Corps Officer at the Command and General Staff College (CGSC), Fort Leavenworth, Kansas, is challenging and rewarding. Daily, there are tremendous opportunities to broaden ones perspective of the army nurse officer's role in the United States Army during the early 21st Century. An expanded understanding of the AMEDD mission is achieved as the course is framed around the three levels of war: strategic, operational, and tactical. In order to better articulate the value of the personal and professional development that occurs through CGSC, the following reflections are provided. Written by nurse corps officers, Majors Stacy Weina and Bob Gahol, it is clear that transformation is occurring beyond army training, organization, and equipment.

Meg Sobieck, MAJ, AN, CGSC student

Life for a Nurse at CGSC

Civilian friends and family frequently as me, "So what exactly are you doing in Kansas?" It is difficult to explain to them what CGSC is and why a nurse would be here for a year. I could recite the CGSC mission for them: "The US Army CGSC develops leaders prepared to execute full spectrum joint, interagency, intergovernmental, multinational operations, advances the profession of military art and science, and supports operational requirements". Or I could tell them what a day in the life for a nurse at CGSC is like.

I could bore them with details of the alarm sounding at 0400 so I could read, or how great my son's daycare on post is, but let's get to the good stuff. For example, the schedule is 0800-1500, Monday through Friday. And the weekends are ours to tour Kansas and Missouri, with KC being only thirty minutes away. This is why this year is referred to as "the best year of your life". However, it is stated in jest because everyone knows the several daily readings, weekly projects and presentations, and concise papers we have to do. The classes include leadership, history, strategy, operations, and tactics thus far. In the spring I will get the opportunity to study "NBC in the 21st Century", "Media and the Military", "Foreign and Domestic Humanitarian Operations", and "Military Ethics". If my classmates and I aren't studying, there are a variety of team sports to choose from. There are leadership opportunities as well. I have the honor of being the 2005 Class Health Advisor and my small group's S5.

Names from LEFT to RIGHT are: MAJ Bob Gahol; MAJ Maria Summers; MAJ Stacy Usher Weina; MAJ Meg Sobieck; MAJ Chris Milstead. The officer not shown is MAJ Deidra Aramanda.

But it's not just about school work and sports. It's about the relationships between classmates. We learn more from each other than from formal instruction. My class has a Navy and an Air Force officer and one Lebanese officer as well. We have mostly combat arms, a few CS, and two CSS in our 16-person group. The friendships we have made will last a lifetime. We have created a bond through suffering together by listening and giving long presentations, writing numerous papers, playing competitive sports, family socials, and personal nodal events.

I am proud to represent the Nurse Corps in my small group and for the CGSC Class of 2005. It has been a unique opportunity to work with these students and instructors. So I'll tell my friends and family that I am here to better myself and my career as an Army officer while making new friends and spending quality time on the weekends with my family.

MAJ Stacy Usher Weina

When I reported to Fort Leavenworth, Kansas as a member of CGSC Class of 2005, I was told, "this is going to be the best year of my life." Little did I know that this is also going to be my "sleep deprivation" tour. My day typically starts at 0300 to read and prepare for that day's classes. I then go to the gym at 0500; class starts at 0800, and usually ends at around 1400. My evenings are spent reading, and working on presentations and writing assignments that we have to do. I have become a permanent fixture at the library, where oftentimes I stay until it closes at 2100.

Some of my friends often ask me why I am going through this hardship. My response is simple, because CGSC prepares leaders to execute full spectrum joint, interagency and multinational operations. Additionally, CGSC trains and educate leaders in the practice and values of the profession of arms; advances military arts and science through understanding of doctrine, professional discussion, and written publications. As General William Tecumseh Sherman stated, the school "*qualifies officers for any duty that they may be called upon to perform, or for any position however high in rank that they may aspire to in service.*" I know that upon graduation from this course, I will be better prepared to handle challenging jobs that are offered to me, be it in clinical setting or in administration.

As an Army Nurse Corps officer, I am proud to be one of the 6 Army nurses in a class of 1,000 students. Our combat arms, combat service and other combat service support counterparts have tremendous respect for nurses. My classmates always tell me that nurses are so important in the battlefield because without us, many warfighters would not survive in the fight on the global war on terrorism.

For the junior officers that are interested in attending the resident CGSC, I would like to give the following advice: 1) Remember the basic officer skills. Do not forget the lessons that you learned from OBC and OAC, such as the Military Decision Making Process (MDMP). 2) Understand military history. Military history offers professional officers a means of understanding the profession of arms, and the evolution of military art. 3) Read, Read and Read. General Schoomaker, U.S. Army Chief of Staff, put out the "Chief of Staff's Professional Reading List" (http://www.army.mil/cmh-pg/reference/CSAList/CSAList.htm) as a guide for soldiers and civilians in increasing their understanding of the Army's history, the global strategic context, and the enduring lessons of war. Lastly, 4) Be proud of your chosen profession, Nursing. As an Army Nurse Corps officer, you have the tremendous ability to make positive and valuable contributions to the lives of your patients.

MAJ Bob Gahol

"On Call To Serve" by CPT Kevin Niccum, 2BDE, 1st ID Nurse, OIF II

The Army's rapidly increasing OPTEMPO, longer deployments, and restructuring of the force has led to the need for highly skilled and farther forward medical care. The AMEDD rose to the challenge by merging the 91B and 91C MOSs into the 91W, Healthcare Specialist. This transition is scheduled to be completed by 30 September 2007 for all Active Army units.

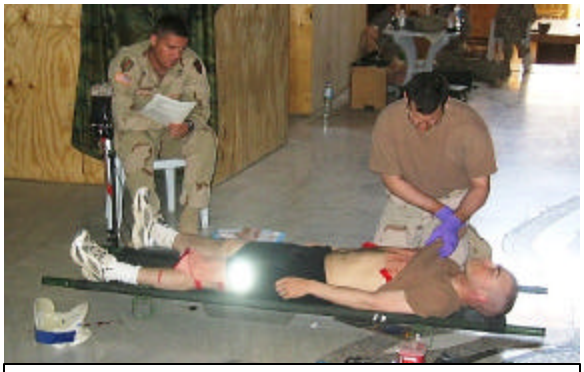
The MTOE of Army Divisions has changed to include a Brigade nurse at the Forward Support Battalions and Main Support Battalions. One of their primary roles, along with being the nurse for the 40 bed patient hold section, is the transition and sustainment training of medics within their Brigade.

I am the BDE Nurse for 299th FSB, 2nd Brigade, 1st Infantry Division. During OIF II, I was deployed to LSA Anaconda in Balad, Iraq. Due to the maturing of the theatre and the availability of Level III care (31st CSH co-located with us) my patient hold was not setup during this deployment.

OCT EMT-B Class: This is the first EMT-B class that graduated from our site code here in Iraq. Instuctors are down front left to right CPT Niccum, SPC Alicia Smith 299th FSB, SGT Jason Tully 299th FSB, and MSG Delia Ortiz HHC 1 ID.

My 40 bed Patient Hold was on standby for several humanitarian operations that never came to fruition. This provided me the opportunity to focus more on my Brigade's immunization and medical tracking with a larger focus on Medical Training.

I oversee the transition and sustainment training of 183 medics and over 210 medics with my attached reserve Battalion. My main focus was first the sustainment of those medics that have transitioned and had current EMT-B licenses and were due to recertify in March 2005 (for my unit that was 89 medics). In order to facilitate this recertification requirement and to ensure that medics maintain their critical medical skills, the AMEDD created the Semi-Annual Combat Medic Skills Validation Test (SACMS-VT, TC 8-800). SACMS-VT consists of eight tables. Tables I-VII encompass trauma, medical, NBC and other critical skills. The training of these tables is completed at the unit level and includes various tasks found in STP 8-91W15-SM-TG. Using the outlined tasks taught to Combined Arms Training Center (CATC) guidelines, the necessary 72 CEUs for NREMT-B recertification are generated. Table VIII is the cumulative event that tests Tables I-VII via dynamic, challenging scenarios. Table VIII is a skill validation test and meets the NREMT-B verification of skill maintenance. This task was accomplished by creating a roving SACMS-VT team that convoyed to seven different FOBs within the 2BCT footprint over the course of the deployment. The team consisted of three transitioned and trained medics along with me or my NCOIC. BLS certifications were renewed during each week long Table VIII testing for those medics that required it. Testing took about an hour and half per soldier and was conducted 24 hours a day for a week in order to test medics returning from missions.



SACMS-VT: SGT Jason Tully 299th FSB testing a medic with the 1-18th Infantry BN on FOB DANGER.

My next focus was transition training, which includes the EMT-B course, the Pre-hospital Trauma Life Support course, the Trauma Advanced airway, Intravenous therapy, Medications and pharmacology, and Shock management (Trauma AIMS) course, and current Basic Cardiac Life Support (BLS) Certification.

Through the combined efforts of CPT Nancy A. Emma, AN, the OIC US Army EMS Programs and her staff, and MSG Delia Ortiz, 91W, 1st ID Chief Medical NCO in the DIVSURG office (who purchase all the training equipment needed for my BDE and even lent me a SIMMAN), I was able to obtain a Site Code to teach all the transition courses here in Iraq.

Coordinating with my Brigade Surgeon, we released a BDE FRAGO that tasked our Forward Support Battalion to back fill line units with transitioned medics so they could send their medics to the courses. At then end of the year, we provided three EMT-B courses, two PHTLS courses, two Trauma AIMS courses, one EMT-B refresher course, and one PHTLS Instructor course. We trained 71 soldiers in EMT-B, 29 in PHTLS, and 28 in Trauma AIMS. These courses were not only offered to my Brigade but to the entire 1st Infantry Division, Reserves, National Guard, and FORSCOM units.

Trauma AIMS: SPC Alicia Smith evaluating SPC Grady (9th Engineer Medic) on Airway and intubation.

Also during this deployment, I converted one of my Patient Hold tents into a classroom. 299th FSB's Evacuation platoon took up the task of teaching Combat Life Saver (CLS) courses. We taught 16 CLS classes to over 330 people, including Active, Reserves, and National Guard soldiers, Sailors, Marines, and civilian KBR truck drivers. EVAC members in their desire to make training realistic and applicable to this operation created a final test day practical lane,

that required the students to triage, treat, and start a live IV stick on moulaged patients while outside, wearing full battle gear and using actual CLS bags.

Prior to treating the real life trauma casualties during this deployment, many of our medics had not touched a patient in years. They have done an outstanding job! It is during deployments like these that you can see why continuing education of the Army's medics is so critically important. It is great that the AMEDD is providing not only the requirement for the Combat Arms commanders to train their medics on medical tasks but has also provided an Army Nurse Corps officer to standardize, track and oversee this training at the pivotal Brigade level. It has been challenging and rewarding to do this mission in garrison as well as a combat zone. In the words of my Division, the BIG RED ONE: "No Mission Too Difficult, No Sacrifice Too Great."

"DUTY FIRST!"

(Other nurses in the 1st Infantry Division include CPT Barry Rainwater with the 701st MSB, CPT Fransico Dominicci with 201st FSB, 3rd BDE and CPT Jodelle Schroeder the 1st BDE nurse in Ft Riley, Kansas.)

Update from the School of Aviation Medicine by MAJ Mark MacDougall

The School of Aviation Medicine (USASAM) at Fort Rucker, Alabama is an affiliate of the Academy of Health Sciences staffed by 35 soldiers and six civilians. There is one Army Nurse Corps officer assigned, the Director of Joint Aeromedical Training/ Flight Nurse. I am assigned to this position, and serve concurrently as the interim Course Director for the Flight Medic Course.

USASAM offers several aviation related courses, including the Flight Medic course, the Flight Surgeon course, Aeromedical Doctrine Course, AMEDD Pre-Command Course, Aviation Psychology Course, and medically related rotary wing pilot classes. USASAM is the home of the only Altitude Chamber in the Army.

Problems in Aeromedical Evacuation

The current Medical Evacuation (MEDEVAC) system has some major shortcomings. Numerous AARs from Operation Iraqi Freedom and Operation Enduring Freedomhave noted that the Army has no organized critical care transport from level II to level III and from level III to the airhead for transfer to the USAF Aeromedical Evacuation System. Additionally, Air Force Aeromedical Crewmembers (AECMs) often do not have the proper skill set to care for critical patients. It is a little known fact that the vast majority of Air Force Flight Nurses are members of the reserve components. Their civilian specialties may be as diverse as school nurse or operating room nurse in addition to the critical care specialties you would expect. As a former Air Force Flight Nurse, I noted that within the two squadrons in which I served there were great variations in the level of experience and skill sets within the medical crews. As a result, Army nurses have sometimes found it necessary to fly on USAF aircraft to ensure a consistent level of care during transport.

The Navy/Marine Corps team has MEDEVAC problems of its own. Doctrinally, the Marine Corps relies on the Army for Aeromedical evacuation. As you can imagine, this arrangement can lead to poor outcomes for Marines who are wounded in remote areas, or when Air Ambulance companies are overtaxed supporting soldiers in need. For this reason, the School of Aviation Medicine has been training U.S. Navy Independent Duty Corpsmen as Flight Medics, able to care for wounded Marines during transport aboard aircraft of opportunity. The U.S. Navy has an additional need for nurses with critical care transport skills as it steadily increases its medical role in support of the Global War on Terrorism.

Air Force Special Operations Command personnel have identified a training need of their own. Much of what they do involves rotary wing transport, but the Air Force Critical Care Air Transport Team (CATT) and Flight Nurse Courses focus strictly on fixed wing transport.

The Army Nurse Corps and Aeromedical Transport

The U.S. Army School of Aviation Medicine and the Army Nurse Corps are pleased to announce two new courses.

The *Joint Medical Enroute Care Course (JMERCC)*, developed jointly by USASAM and the U.S. Navy, will be launched on March 28, 2005 as a pilot offering. Attendance is by invitation only. This course will train nurses, physicians and flight medics to work as a multidisciplinary team in the provision of enroute care. It should be quickly followed by the initial offering of the *Joint Services Flight Nurse Course*, reestablishing the Army Nurse Corps in the arena of Aeromedical care for the first time since World War II. Graduates of both courses will find themselves on the front lines of the war, providing enroute care to wounded Soldiers and Marines. This is an opportunity for Army Nurse Corps officers to make history.

Both courses are programmed for 66H8As, M5s, and Fs. Approximately half of the seats in the JMERCC will be reserved for 91WF Flight Medics. There may be a limited number of openings for other AOCs based on experience and needs of the Army. Both courses will provide training in flight physiology, transport equipment and clinical skills, joint service airframe and flight orientation, and joint service training in such areas as shipboard operations. The Joint Medical Enroute Care Course will be an integral part of the Joint Services Flight Nurse Course. At this time, graduates of both courses will be assigned to echelon II and echelon III units. There is the possibility of future assignment to Flight Nurse Positions, although these opportunities do not currently exist.

In December, negotiations were completed with the Cleveland Clinic Health System to offer their new civilian MICP (Mobile Intensive Care Provider) certification exam to graduates of the Joint Medical Enroute Care Course. The MICP course materials, which encompass the clinical skills portion of the JMERCC, will be continuously updated to reflect the latest skills, knowledge, and trends in the civilian Aeromedical transport field.

As the field of military Aeromedical evacuation continues to evolve, the U.S. Army School of Aviation Medicine continues to provide the AMEDD and sister services with the best possible aviation based medical training.

For further information, please contact me at mark.macdougall@us.army.mil.

MAJ Mark A. MacDougall, Director of Joint Aeromedical Training,
U.S. Army School of Aviation Medicine

ROTC Cadets visit Walter Reed Army Medical Center by CPT Nicole Candy

While working as a Brigade Nurse Counselor for ROTC we have tried to devise ways to recruit and retain nurse cadets in the ROTC program while the lure of high paying civilian jobs lurks about them. We, Army Nurses, know why we do what we do and know why we love the Corps. The problem is how do we relay that to nursing students who are faced with an onslaught of quick talking hospital recruiters and high dollar bonuses while we are talking deployments? You can tell them the money is fair and often better, you can tell them about all the additional training and schooling benefits, you can tell them about the tremendous sense of family and camaraderie. However, too many times I hear murmured in the background "if it sounds too good to be true, it is" as they walk out the door or past my booth.

We decided we wanted to show them the outstanding Army Nurse Corps officers we get to call our colleagues as well as the myriad of exceptional medical professionals we work so closely with on a day-to-day basis. This way they don't have to just believe what we say, they can see it in action. We also wanted to show them the Soldiers that are so thankful and appreciative of all that we do for them and their families, during the most trying situations. They, the Soldiers, are the reason we love what we do and why we continue to do it and it was important the students could see this. How better to do this than to take them through Walter Reed Army Medical Center, the "Mecca" of military medicine and current temporary home to America's finest men and women, as they recover.

When we initially began to discuss these tours the majority of the cadre were excited and supportive, but some voiced some concerns. Do we want to expose them to the patients war produces? Will they be afraid or uncomfortable walking through a hospital filled with our wounded troops? Will it scare them away?

The tours, which consisted primarily of freshman and sophomore nursing cadets, began with a one-hour panel discussion. On this panel we gathered all ranges of ANC officers from brand new Second Lieutenants fresh from OBC, to multiple deployment experienced COLs. During the panel discussion the officers would talk about their background, how they came to be in the ANC and what their experiences have been since coming on active duty. It is great to have such a variety of officers from differing backgrounds because it usually left each cadet with someone they could relate to. LTC Joy Walker, who has been the primary POC and exceptional organizer for these tours, went to great lengths to include officers who graduated from the schools that would be attending each visit.

The officers discussed everything from spouses and children to leave and "partying" as well as deployments. They explained that in most senses their life didn't differ that much from a civilian counterpart. The points they emphasized that made them feel different and made being part of the ANC different was the exceptional camaraderie, the opportunity to care for the country's finest men and women and the pride they have in serving their country. I believe the combination of explaining a normal life and these three exceptional points really hit home for the cadets.

After the panel discussion, we broke them into groups and took them on a tour of the facility. The areas they seemed to enjoy most were the Pediatric ward, the Breast Center as well as Occupational and Physical Therapy. They also went through the ICUs and the general medicine wards. In most cases the tours were led by the Second and First Lieutenants who were fantastic. They were energetic, enthusiastic and excited about showing off the hospital, their roles and especially their specific units. The level of confidence, expertise and professionalism they displayed made a large impact on the students. It appeared that these young nursing students were looking at these Lieutenants, only a few years older than them, and thinking, "Wow, I could be like him/her one day", exactly the result we were hoping for!

A rather interesting and unexpected outcome on these tours was the effect it had on the cadre escorts who came with the students. The cadre escorts were primarily Captains from varying combat arms branches. I watched them, as well, as they toured the facility and listened to the nurses explain their day-to-day duties. Most were awed at the technology, the professionalism of the young Lieutenants and the busy inner-workings of the hospital. A few were also very powerfully struck by encountering the patients from OIF, OEF. I neglected to foresee the effect it could have on these combat arms officers. It was as if they saw many of their former troops in the faces of these wounded Soldiers. Some reported feeling a bit queasy and un-easy as they toured the hospital and more than one announced to the group that now they are sure, it takes a special person to be a nurse!

LTC Joy Walker and CPT Candy with nurse cadets from Temple University, West Virginia University, Hampton University, Old Dominion University, University of Virginia, and Radford University during a visit to WRAMC on 30 Nov 2004.

So, did we scare the cadets away? No. After the tours, we distributed anonymous questionnaires to the students who participated to see how they felt after touring the hospital and how it may have changed their view of Army Nursing. When asked about seeing patients from war one responded "I was a little nervous but also very intrigued … I was nervous because they have been through so much but intrigued because I wanted to hear their story and how nurses helped them." When asked about their overall experience one response seems to sum up the majority, they wrote, "This visit was truly an eye opener. I was amazed by how one facility can provide care on so many levels and that one day soon I will be a part of it!"

Special thanks to those from WRAMC who took their time to help with these outstanding tours: LTC Joy Walker, COL Princess Facen, CPT Joshua Paul, CPT Brent Donmoyer, 2LT Danielle Nichols, 1LT Stacy Hughes, 2LT Sergei Volochayev, 1LT Faith Courville, 2LT Angela Summers, MAJ Patricia Nelsen, 2LT Clarisa Nichols, 2LT Grace Rodgers, CPT Ann Remington, CPT Young Yauger, 2LT Heather Brown, 1LT Luis Rodriguez, LTC Deborah Kenny, LTC Hortense Britt, 1LT Alison Jernigan, CPT Matthew Bell, 2LT Jameilya Polk.

USAREC News from COL Ann Richardson, Chief ANC Branch, USAREC

Army Nurse Corps Featured in February 2005 Issue of AJN!! In case some of you are wondering if Recruiting Command ever used your photos, check out the February 2005 issue of the American Journal of Nursing!!! An ANC officer, 1LT Dawn Dirkson made the front cover. In addition, several other ANC officers are mentioned throughout the February issue. This is great exposure for the Army Nurse Corps and highlights a few of the incredible things that our fellow colleagues are doing all over the world. Thank you to the officers who submitted photos to Manning, Selvage and Lee. Stay tuned for more updates as we progress through 2005!

Army Nurse Candidate Program Offers Incentives for BSN Nursing Students!
The Army Nurse Candidate Program provides eligible individuals the means to obtain a Bachelor of Science Degree in Nursing (BSN), become a Registered Nurse (RN), and be commissioned in the Army Nurse Corps (ANC). Applicants accepted into the program will be enlisted into the Army Individual Ready Reserves (IRR) in accordance with AR 601-210. Upon graduation, after successfully passing the National Council Licensing Examination (NCLEX-RN), or upon date of graduation from nursing school if you are already a licensed RN, participants will be appointed and accessed into the Army Nurse Corps in accordance with AR 135-101.

Facts:
*$10,000 Bonus
$5000 upon acceptance of enrollment documents
$5000 at start of senior year for students in 2 yr program or upon graduation for students enrolled for 1 year
*$1,000 monthly stipend
*All money is taxable income subject to withholding tax
*Enlist as E3 in IRR while completing BSN
*Juniors incur a 5 year ADO
*Seniors incur a 4 year ADO
*Commission into ANC upon graduation from BSN
*Pass NCLEX-RN and access to AMEDD OBC

Eligibility Requirements:
*Must meet Regular Army appointment criteria as of 1 May 2005
*U.S. citizenship
*Meet enlistment requirements for IRR
*Enrolled full-time in accredited BSN program
Juniors - no ROTC affiliation with school
Seniors - all accredited BSN schools eligible
*Minimum 3.2 GPA
*No less than 6 months and no more than 24 months until BSN completion
*Meet Chapter 2 physical requirements

If you know a BSN nursing student who might be interested in this program, please have them contact LTC Linda Fisher at (502) 626-0364.

FY05 Brings Increase in Active Duty Incentives!

The nurse accession bonus is now $15,000, which incurs a 4 year active duty service obligation (ADSO). The Health Professions Loan Repayment Program (HPLRP) has gone up to $29,323 for one year of educational loan repayment. The ADSO for this incentive is 3 years. For individuals who opt for both the accession bonus and loan repayment, the accession bonus is $8000. Loan repayment is the same for this option which incurs a 6 year ADSO.

Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail david.mcclory@arpstl.army.mil

Nursing Research By COL Michael Custer

Title: Institutional Review Boards and Your Research

When any person intends to gather data involving human subjects in the military community, they must submit their proposal to an institutional review board (IRB) for approval. What exactly does that mean to a Nurse pursuing graduate or post-graduate education or who simply wants to study a research question? It means misunderstanding the requirements and purpose of this important board may significantly delay or even prevent your ability to conduct the study. There are some characteristics that all IRBs have in common but there also may be significant differences related to the unique institutional or administrative requirements of the organization.

The Belmont Report published in April 1979 established the principles and guidelines that IRBs are designed to uphold. This document defined the basic ethical principles that should be maintained in human research; respect for person, benefice, and justice. The IRB process used in the Army is defined by Army Regulation, AR 40-38. The purpose of an IRB review is to insure that subjects are protected during research activities and informed, voluntary consent is obtained from all participants. Generally, a retrospective chart review or gathering of health data without identifiers will be considered exempt by an IRB, i.e. it does not require a full protocol submitted to the IRB nor must it be reviewed annually. However, it must be submitted to the IRB for the determination to be made. A frequent question occurs when nurses are collecting patient data for process improvement and they wonder if they need to submit the issue to the IRB. A good rule of thumb is to submit any activity requiring patient data to the IRB that has information you may want to publish.

In the Army Medical Department, IRB's are located at medical treatment facilities (MTF) or, if the MTF chooses not to run their own IRB, it will then be located at the medical center overseeing that region. All clinical investigation programs will have a Human Use Committee to determine and maintain current standards of research appropriate to humans. The HUC may also assess the protocol for scientific merit or have another committee, the Clinical Investigation Committee (CIC) do a preliminary assessment on scientific merit and forward that to the HUC. At Walter Reed we have both committees. State of the art genetic research and newer regulatory requirements such as the Health Insurance Portability Accountability Act (HIPPA) have added new layers to the IRB process. Nurses in school may have to submit their proposals to more than one IRB depending on the population they are studying. Our IRB at Walter Reed suggests that a protocol should be approved in 4 to 8 weeks however, if you have any design flaws or human use concerns it can easily take longer. If you are on a time line from school or your study follows a strict schedule, plan accordingly by giving yourself plenty of time to meet the IRB requirements. Most Nurses assigned to research positions at MEDCENs are members of that center's IRB. If you are planning research for yourself, school, or work, let your nursing IRB members assist you with your questions or concerns.

Civilian Personnel Updates by Josie Poirier, Human Resource Specialist

Sustaining Base Leadership Management (SBLM) Program

The deadline to apply for the **May 16 through August 5, 2005** (resident, 05-2) and **May 2, 2005 – April 26, 2006** (nonresident, NR-06) Army Management Staff College Sustaining Base Leadership Management programs is **February 9, 2005**. This course is identified in the Registered Nurse, GS-0610, Army Civilian Training, Education, and Development System (ACTEDS) Plan. In 2003, Ms. Jane Pool, OTSG Infection Control Consultant, DeWitt Army Community Hospital, Fort Belvoir, VA, became the first civilian Registered Nurse to graduate from SBLM. A second civilian RN is scheduled to attend the January 2005 SBLM program.

If you are a highly motivated GS-12 through 14 who is interested in career progression and a higher level of responsibility, consider applying for the SBLM program. GS-11s and 15s are welcome to apply by exception. Majors and lieutenant colonels, chief warrant officers, sergeants major or command sergeants major can apply through their branch managers.

The program, which is **centrally funded** for most Army civilians, is designed to prepare future leaders to manage the Army's sustaining base—that is, anything that gets soldiers and their supplies and equipment to the battlefield; sustains them while they are there; gets them home again after the conflict has ended; and ensures the self-sufficiency of their families while they are away. SBLM is a graduate-level professional development course in leadership, communication and problem-solving, national security, military doctrine, force integration, resource management, logistics, personnel, information and installation management. Emphasis is on strengthening the bond and cooperation between civilian and military leaders through shared knowledge of core values, missions and resources. To apply online or to find out more about SBLM, please visit the AMSC web site at: http://amscportal.belvoir.army.mil/portal/page?_pageid=33,42600&_dad=portal&_schema=PORTAL and take a moment to view a six-minute video at http://ncrstreamingmedia.belvoir.army.mil/amsc/amsc.htm.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

The following is a summary of some important Joint Commission initiatives, along with standards updates for 2005. Key areas addressed in this article are:

1. Do not use abbreviations
2. Rule-of-6
3. Proposed field reviews of sentinel event topics
4. Revised or new standards to include
   a. staffing effectiveness
   b. organ procurement
   c. tissue storage and issuance
   d. licensure, certification and registration prime source verification

National Summit on Medical Abbreviations

On November 23, the Joint Commission hosted the National Summit on Medical Abbreviations with its co-conveners the American College of Physicians, American College of Surgeons, American Dental Association, American Hospital Association, American Medical Association, American Society of Health-System Pharmacists, Institute for Safe Medication Practices, and United States Pharmacopeia. Fifty professional societies and associations and interest groups participated in the Summit to discuss medical errors related to the misuse and misinterpretation of abbreviations, acronyms, and symbols. The objective of the Summit was to reach consensus on the scope and implications of this serious and complex problem and to find reasonable solutions using all of the evidence at hand. Results of the Summit are being compiled and will be communicated back to Summit participants for confirmation. The resulting recommendations will be posted on the Joint Commission website to receive broad public input. Once refinements have been made based on further input,

the Board of Commissioners will act on the proposal, and endorsements will be sought from the Summit participants and others.

In the meantime, the Joint Commission has made the following modifications to the 2005 requirements for meeting National Patient Safety Goal 2b ("Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization):

- Applies only to all orders and all medication-related documents (a reduced requirement).
- Applies to preprinted forms, for which 100 percent compliance is expected (extends the requirement beyond handwritten documentation, but is a reduced requirement from that planned for 2005).
- The minimum expected level of compliance for handwritten documentation remains at 90 percent.

(For information about the requirements, contact Darlene Christiansen, dchristiansen@jcaho.org. For information about the summit, contact Cathy Barry-Ipema, cipema@jcaho.org)

Transition Plan from "Rule of 6"
After consultation with safety experts, the Joint Commission has reaffirmed the requirement that pediatric hospitals and services which currently use the "Rule of 6" convert to standardized concentrations, as required by National Patient Safety Goal 3b, no later than December 31, 2008. The Rule of 6 is a methodology used in pediatrics to simplify IV preparation of weight-based drugs. A significant number of pediatric hospitals have requested permission to continue to use the Rule of 6 as an alternative approach to the NPSG requirement during some or all of the interim period. A plan that
enables these organizations to transition from the Rule of 6 was developed in collaboration with representatives of the American Academy of Pediatrics, the Child Health Corporation of America, the Institute for Safe Medication Practices, and the National Association of Children's Hospitals and Related Institutions, among others, and is supported by the Sentinel Event Advisory Group.

Requests for alternative approaches to NPSG 3b will continue to be considered and will require ongoing evidence of progress toward full implementation by December 31, 2008, of the use of standardized drug concentrations. The eligibility criteria for participation in the exceptions process during the transition period are:

- The exception applies only to neonatal or pediatric acute care services.
- All (emergent and non-emergent) admixtures are prepared only by pharmacy staff in a sterile environment.
- Calculations of the drug solutions are validated during the preparation.
- The labeling of solution concentration and drug per milliliter are clear to all caregivers, and the solution concentration (amount of drug per unit volume of solution) is clearly indicated on the label.
- If the Rule of 6 is used in a pediatric setting, but standardized drug concentrations are used in other parts of the hospital, guidance aids are made available to caregivers who may not be familiar with one of these systems.
- If the organization has a Neonatal Intensive Care Unit, the pharmacy is open 24 hours a day to support the admixture service.
- Smart pumps are used. (Smart pumps are designed to recognize prescription errors, dose misinterpretations and keypad programming errors.)

(Contact: Kurt Patton, kpatton@jcaho.org)

Sentinel Event Advisory Group Meetings
The Sentinel Event Advisory Group held meetings on November 1 and December 1. At the November 1 meeting, the group began the process of identifying potential 2006 National Patient Safety Goals (NPSGs). Peter Gross, M.D., who assumed chairmanship of the group this year, introduced five new members, bringing the total membership to 28

In addition to discussing potential topics for the 2006 NPSGs, group members provided advice on a number of issues related to current NPSGs:

- "Free-flow" protection for infusion pumps--The group was provided with new information clarifying the requirement to meet goal 5. The group confirmed that all organizations should be scored for compliance beginning January 1, 2005. Also, the interpretive guideline on the website will clarify that, in relation to IV administration sets used with infusion pumps, it will be acceptable to have "pre-assembled" free-flow protective mechanisms (rather than "intrinsic" free-flow protection).
- Reporting critical test results "directly" to physicians--The group advised that for 2006, the word "directly" should be deleted from requirement 2d for laboratories. Beginning January 1, 2005, the interpretive guidelines for requirement 2d for laboratories will be modified to reflect that "directly" reporting critical test results can include reporting to an authorized "agent" of the responsible licensed caregiver.

At its December 1 meeting, group members recommended the following topics for field review: culture of safety; patient involvement in safety; multi-dose medication vials; wrong line connections; health care worker fatigue; delays in treatment; anticoagulant, insulin and narcotic use; and decubitus ulcers. In addition, the following program-specific topics were recommended for field review, with possible applicability to other programs being a question for the field review: emotional and behavioral crisis (behavioral health); abuse or exploitation (behavioral health); dementia and other mental health disorders (assisted living). The field review will be posted on the Joint Commission website in January 2005. (Contact: Rick Croteau, rcroteau@jcaho.org)

Revised Organ Procurement Requirement

Effective July 2005, standard PI.1.10 will require hospitals and critical access hospitals to measure the effectiveness of their organ procurement efforts: *The conversion rate data are collected and analyzed and, when possible, steps are taken to improve the rate.* The conversion rate is the number of actual organ donors over the number of eligible donors as defined by the organ procurement organization. The intent of the requirement is to optimize the conversion of potential donors to become actual donors. The United Network for Organ Sharing reports that more than 86,000 people in the U.S. are currently waiting for an organ transplant. The proposed requirement was posted on the Joint Commission website for comment and input was received from accredited hospitals, the Organ Breakthrough Collaborative Leadership Coordinating Council, each of the 58 federally designated organ procurement organizations, and relevant government agency representatives. (Contact: Brenda White, bwhite@jcaho.org)

Revised Staffing Effectiveness Standards

Effective July 2005, the staffing effectiveness standards for hospitals, long term care and assisted living facilities have been revised to clarify their intent and to better focus data collection and analysis efforts. Revisions include:

- Adding an introduction that clearly states the intent of the standard and provides guidance respecting implementation and data analysis.
- Narrowing the focus of data collection efforts to a minimum of two units/divisions in hospitals (two populations/settings for long term care and assisted living facilities).
- Requiring input from clinical staff in the selection of areas of focus and indicators to be measured.
- Focusing on nurse staffing (direct care providers in assisted living facilities) in the human resource indicators; other care providers may be included as the health care organization sees fit.
- Revising the list of performance measures to be applied to include the recently adopted National Quality Forum measures.

The revised standards were posted on the Joint Commission website for comment. While the field review asked for input on a proposed increase in the minimum set of indicators to be selected by the organization, the final standards retain the original minimum set of four indicators for hospitals, long term care and assisted living facilities. (Contact: Carol Gilhooley, cgilhooley@jcaho.org)

Revised Tissue Storage and Issuance Standards
Effective July 2005, standards that address tissue storage and issuance have been revised for the Laboratory Accreditation Program and adopted for the Ambulatory Care, Critical Access Hospital and Hospital Accreditation Programs. The revisions:

- Address difficulties in monitoring the temperature of tissue stored during transport.
- Maintain continuous temperature monitoring for storage refrigerators and freezers.
- Clarify who is responsible for completing and returning usage information cards to source facilities.
- Procedures include a process to sequester tissue reported by the source facility as the cause of possible infection or involved in an event that may have contaminated the product.

The adoption of these standards in hospitals, critical access hospitals and office-based surgery facilities is being made to ensure current practice in the relevant settings of care. (Contact: Klaus Nether, knether@jcaho.org)

Revised Verification of Licensure, Certification, Registration Standards
Effective July 2005, standard HR.1.20 has been revised to require primary source verification for all clinical staff who are required by the organization or the state to have licensure, registration or certification: *The organization has a process to ensure that a person's qualifications are consistent with his or her job responsibilities.* The intent of the revised standard is to lower the risk of fraudulent credentials. (Contact: Laura Smith, lsmith@jcaho.org)

Current Field Reviews
The following field reviews are available on the Joint Commission website:

- Left Ventricular Assist Devices Public Comment (hospitals, home care, disease-specific care) Deadline: January 31
- Proposed 2006 Medication Management Standards Field Review (ambulatory care, behavioral health care, critical access hospitals, hospitals, home care, long term care, and office based surgery) Deadline: January 10
- Organizational Responsibilities for Individuals Under the Direct Responsibility of a Licensed Independent Practitioner Field Review (ambulatory care, behavioral health care, critical access hospitals, hospitals, long term care, office based surgery) Deadline: January 5
- Patient Race, Ethnicity, and Primary Language Field Review (health care networks) Deadline: January 5
- Credentialing and Privileging Requirements for Licensed Independent Practitioners who cover for other Licensed Independent Practitioners Field Review (behavioral health care, long term care) Deadline: January 5
- Primary Source Verification Standards (ambulatory care, assisted living, behavioral health care, home care, laboratories, long term care, office based surgery) Deadline: January 5

(Contact: Robert Wise, rwise@jcaho.org)

Sentinel Event Statistics Update
As of September 30, the Joint Commission's sentinel event statistics have been updated. Since the sentinel event database was implemented in January 1995, the Joint Commission has received 2,840 reports of sentinel events. A total of 2,955 patients were affected by these events, with 2,186, or 74 percent, of those resulting in patient death. The five most frequently reported sentinel events are:

- Patient suicide -- 404
- Wrong-site surgery -- 356
- Operative/post-operative complication -- 354
- Medication error -- 320
- Delay in treatment -- 213

(Contact: Rick Croteau, rcroteau@jcaho.org)

New Online Resources

- *Sentinel Event Alert*, Issue 33, December 20, 2004, "Patient controlled analgesia by proxy"
- Updated videos on the Periodic Performance Review Process
- *Ambulatory Care Advisor*, Issue 4, 2004
- *DSC Update*, Issue 4, 2004
- *BHC Update*, Issue 4, 2004
- *LTC Update*, Issue 4, 2004
- *Network News*, Issue 3, 2004

A new Standards FAQ has been posted to the Joint Commission website on "Procedures Requiring Surgical Site Marking."

- Ambulatory Care
- Critical Access Hospitals
- Hospitals
- Office-Based Surgery
- Stroke Performance Measure Implementation Guide

The above is an excerpt from the following JCAHO webpage:
http://www.jcaho.org/about+us/news+letters/this+month+/for+physicians/index.htm

LTC Lisette Melton, AN, MSN, CNS
Email: lmelton@jcaho.org
Phone: (630) 792-5769
Fax: (630) 792-4769

MAJ Robert Durkee, AN, MHA, RNC, CHE
Email: rdurkee@jcaho.org
Phone: (630) 792-5768
Fax: (630) 792-4768

Human Resources Command (HRC) Update

The New Year finds Army Nurse Corps Branch beginning an intense period of travel that will see our Branch staff visiting four medical centers, two meddacs and visits to AMEDD Center and School to speak to Officer Basic, Advance and Head Nurse's course over the next six months. Our staff here view these on-site visits as the highlight of our role in Human Resource Command (HRC). Clearly, we value the opportunity to meet our ANC officers and learn about the very important day to day service all of you provide to our service men/women and their families. This gives us the opportunity to learn of the officer's personal and professional needs and more closely align those with the needs of the Corps. I would encourage all officers to make appointments to speak to the Personal Management Officers (PMO) when we visit your organizations.

HRC/ Health Service Division (HSD) recently briefed the Surgeon General on the Officer Distribution Plan (ODP) and he has approved/ signed the plan as it was developed over the last three to four months. This becomes the template for our assignment process this summer. AN Branch will be working over the next couple months to work assignments and orders for officers rotating this summer.

As many of you are already aware, the recent National Defense Authorization Act (NDAA) contained legislative language that converts ALL officers on active duty to Regular Army status from VI/ USAR. Regardless of what you are hearing, there are NO specific details about how this legislation will be implemented. It does appear that a specific date will be identified when all officers will be converted. This conversion to RA status will be top-loaded from HRC and it will occur on one specific date.

MG Pollock and TSG approved the assignments of key Deputy Commander for Nursing/ Chief Nurse roles to be assumed during the summer of 05. Congratulations to the following officers:

1. COL Arthur Wallace: RCN, Pacific RMC & DCN, TAMC
2. COL Michael Calder: DCN, Fort Stewart MEDDAC
3. COL Ernie Degenhardt: DCN, Fort Leavenworth MEDDAC
4. COL Dennis Driscoll: CN, 44th Med Brigade
5. COL Ramona Fiorey: DCN, Fort Campbell MEDDAC
6. COL Gail Ford: CN, 30th Medical Brigade
7. COL Leana Fox: DCN, Fort Irwin MEDDAC
8. COL Carol Gilmore: RCN, Europe RMC & DCN, LRMC
9. COL Nolan Hinson: DCN, Fort Eustis MEDDAC
10. COL Jean Simmons: DCN, Fort Meade MEDDAC
11. LTC (P) Barbara Hector: DCN, Fort Rucker MEDDAC
12. LTC (P) Ron Keen: DCN, Fort Polk MEDDAC
13. LTC (P) Teresa Parsons: Fort Huachuca MEDDAC

As always, AN Branch stands ready to work with officers individually to create optimal opportunities for their service across the AMEDD landscape with a variety of mission requirements. Be safe and thanks for your service.

Roy A. Harris COL, AN
Chief, Army Nurse Corps Branch

Ask Branch:

What is HPLRP?

On 28 May 2003 the U.S. Army Health Professions Loan Repayment Program (AHPLRP) was made available to Army Nurse Corps Officers for the first time. On 14 June 2004 the U.S. Army Health Professions Loan Repayment Program (HPLRP) will be available for Army Nurse Corps Officers who have at least six months and no more than 96 months of Active Federal Commissioned Service (AFCS) as an AN officer. The HPLRP provides a one-time maximum payment of $29,323 (pre-tax) for education loan repayment. Loans eligible for repayment with HPLRP include government, commercial, and refinanced loans which are directly associated with attainment of a BSN degree. Third party loans (example: Parents PLUS) may also be eligible for repayment under the HPLRP. Loan repayment benefits are taxable requiring a portion (up to 28%) of the benefit to be withheld for tax and not be paid to the lending institution. Loan repayment is made by electronic funds transferred to the lending institution(s) and not directly to the officer. Officers who accept payment via the HPLRP will incur an additional two-year active duty service obligation that is applied consecutively to any current service obligation. The number of participants selected for loan repayments will be based on the dollars allocated to the HPLRP retention program for the specified FY. Officers not selected may apply in the following FY.

The next scheduled HPRLP board will convene on 28 March 2004. For more information on the program or application guidance please contact MAJ Cobbs at cobbsl@hoffman.army.mil or at (703) 325 – 2300

I saw an article in the *Early Bird* titled *Officers To See More Transfers in Army Plan: Rules set aside policies designed to help families; 'Significantly shorter' notice; Changes meant to bolster force in Iraq, Afghanistan* by Tom Bowman of the Sun National Staff. He discusses the fact that because of restructuring and support operations in Iraq and Afghanistan, officers are transferring more frequently and with less notice. What impact does this have on the Army Nurse Corps?

The Army is indeed transforming to meet today's needs around the globe. In September, Secretary Rumsfeld testified before the Senate Armed Services Committee and stated that "The military must transform into a more agile and more efficient force, ready and able to combat today's asymmetric challenges." The Army's restructuring has caused some turbulence in all branches including the Army Nurse Corps, particularly as we work to staff newly developed units and provide nurses to units deploying to Iraq and Afghanistan. In the past, availability of funds for

moves and an officer's time on station were significant considerations driving PCS moves. Today, the Army's driving factors when planning to move an officer are the development of modular units and supporting the warfighter while moving toward force stabilization.

Yes, this means some nurses are moving and will move with less than two years time on station. As some new units are developed and fielded, some nurses have been given less than six months notice before their new assignment. This said, at the same time, we are still working to give officers as much notice as possible regarding a change in station. Wherever possible, we continue to provide as much notice to officers as possible and strive for six months notice when generating movement orders. The Army Nurse Corps is focused on staffing units with the right officers with the skills and experience needed for success while providing career development opportunities to our officers at the right time in the right place. While not the primary driving force in moving an officer, we also know that families are important and still take your family into consideration when making PCS decisions.

While this answer addresses ANC specifically, the article created a lot of confusion in general because it combined two separate concepts – Temporary Change of Station (TCS) to Permanent Change of Station (PCS) moves for the Multinational Force headquarters' officers and the implementation of the Dynamic Distribution System (DDS). The TCS to PCS concept only affected 435 officers in the short term and did not affect any ANC officers. An excerpt from the Public Affairs Office's response to Tom Bowman's article that explains the DDS follows:

Change in process of officer assignments with implementation of Dynamic Distribution System

> The Army recently began assigning officers by synchronizing the officer distribution to the Army Operational Battle Rhythm as we continue to simultaneously support the Global War on Terror and support Army transformation. The Dynamic Distribution System (DDS) is a method used to best align the officer population with Army wide requirements and priorities, while minimizing PCS moves required. This system is capable of responding more quickly to meet changing requirements, support the Global War on Terror and support Army transformation, than its predecessor, the Officer Distribution System (ODS).
>
> "We are changing the way we assign officers to better support the Global War on Terrorism and Force Stabilization. While we recognize this improvement will create some short term turbulence, it will ultimately result in long term stability for Soldiers as Force Stabilization begins to take shape across the Army," said Brig. Gen. Rhett A. Hernandez, Director of Officer Personnel Management Directorate in the Army's Human Resources Command.
>
> The old system, ODS, managed personnel shortages and distributed officers equally across Army units. DDS is designed to determine where officers are needed most based on operational priorities and the Army Manning Guidance. The focus of DDS is meeting priorities rather than ODS's method of managing unit shortages.
>
> "Units that are deploying will deploy with the full complement of required officers as we must and will fill our wartime formations at the authorized levels," said Hernandez.
>
> During the current assignment cycle, which runs from September to January 2005, approximately 2,100 officers will move under DDS, out of a possible field of 51,000 officers in the active component Army. It is expected that the next assignment cycle, which runs from February to May, will affect less than 2,100 officers. The Human Resources Command's Officer Operations Division is planning now to determine where and when officers are needed to move. The plan is to identify and post vacancies by Christmas so officers can review available positions. Then, in early January, assignment officers will work closely with officers to decide on their next assignment, balancing officers' desires against the needs of the Army. Skills and experience are the driving factors in matching officers to the positions available.

The near term turbulence created by emerging requirements and Army transformation has meant that some officers can potentially receive between 45 and 90 days advance notice of a PCS, but on average, officers have been receiving approximately five months between assignment instructions and reporting to their new units. The goal is to return to a 120-180 day notification window on assignments in the future. Sixty percent of the officers expected to move in the timeframe of February to May 2005 have assignment instructions already. The majority of the remaining officers will report in the timeframe of April to May 2005. Enlisted Soldiers will normally receive at least 60 days notice.

The short notice window for some officers now under the DDS system is due to emerging operational requirements and to be responsive to the needs of commanders in the field. It is also part of transforming to respond to operational missions and transforming our units to prepare for future training and deployments. However, only a small number of officers have been affected by emerging wartime transformation – less than 2% of our officer corps – about 1,200 of 51,000 – has received between 45 and 90 days advance notice of a PCS move. The vast majority will receive between 120 and 180 days notice on pending PCS moves, depending upon the skills and experience requirements needed. From the enlisted side, the goal is much the same, with minimal amounts of Soldiers receiving between 60 and 90 days advance notice of a PCS, and most receiving between approximately 150 days advance notice of a PCS move.

Our Army is at war while we are simultaneously transforming its entire organization. In managing the Army to support both missions, we must change the way we do our business. Soldiers and officers are the centerpiece of our Army and are always considered in the manning process, but the priority is to accomplish the Army's mission. We appreciate the sacrifices our Soldiers and officers are making, for without their support, we will not succeed.

I've heard about this new Intermediate Level Education (ILE) course that is replacing the legacy Command and General Staff College (CGSC). I hear it is a 12 week TDY course now and that there are classes starting soon. How can I attend?

To answer this, let's start with a description of exactly what ILE is. The following is an excerpt from the Human Resources Command Website description of ILE:

The purpose of the Army's Intermediate Level Education (ILE) program is to provide all mid-grade officers a basic foundation of professional military education and leader development training. It develops leaders prepared to execute full spectrum operations, trains and educates leaders in the practice and values of the profession of arms, and prepares leaders to operate in joint, multi-national and interagency environments. ILE prepares officers for duty as field grade commanders and staff officers throughout the Army, primarily at brigade and higher echelons.

The Army's ILE program consists of two phases which will vary depending on when an officer attends schooling and what career field the officer is serving in at the time of schooling:

Phase I: For all officers this will be attendance at a resident common core course…. For officers serving in the Operations Career Field (OPCF) and Functional Area 57 (Simulations Operations Officers), the common core will be conducted at Fort Leavenworth. For officers serving in the Operational Support, Information Operations, Institutional Support Career Fields or Special Branch Officers (JAG, Chaplin's, AMEDD) the common core will be conducted at one of the distance education course location (CL) sites (Ft Lee, Ft Gordon, Ft Belvoir).

Phase II: This will consist of branch or functional area specific training for each officer determined by the branches proponent. For OPCF officers (and FA57 officers), this training is the Advanced Operations and Warfighting Course (AOWC) taught in conjunction with the common core at Fort Leavenworth.

(Complete text can be found at https://www.perscomonline.army.mil/OPfamacs/MSP20.htm)

AMEDD Operational Planners (AOCs 70H, 70K, 67J, 72D) and select Medical Corps officers will attend ILE Phase I at Fort Leavenworth followed by AOWC. Other AMEDD officers, to include Army Nurse Corps officers will attend ILE at a Course Location site. This is a 12 week TDY course taught at a number of locations across the country. Officers are board selected for attendance at this course.

To attend ILE at a course location site, you must be a Captain or Major with at least 8 years of active federal commissioned service as of the date school starts. You must also be selected by a board convened to identify course attendees. The academic year 2005/2006 seats are being slated using the Command and General Staff College selection list published in September 2004. Primary and alternate candidates have been notified by AN Branch regarding their attendance status at these 12 week ILE courses.

Will I ever be able to attend ILE at a Course Location site without being board selected?

Yes. For the near future, due to the limited number of seats in this new program, we will continue to use a board process to select officers to attend ILE at a course location site. However, we expect that in the next three to four years there will be enough seats to send all eligible nurses without needing a board selection process.

How can I ensure I am competitive for future boards?

Perform well in the positions you are assigned. Meet height/weight and APFT standards. Ensure your record is complete and up to date. Recommend following the guidelines published on the AN Branch Website for maintaining and updating your record for a board.

Are there other options for attending ILE other than at a course location site after being selected by a board?

Yes, officers can still complete ILE through the reserves. The reserve component offers a 13 month, three phased program. Phase I is offered as a two week TDY at several locations in the summer months. Phase II is then completed between October and May through classes generally taught one weekend or weekday evening a week. Phase III is taught during a second two week TDY the following summer. To enroll in this option, officers should contact their Chief Nurse then send a DA 3838 to MAJ Richardson.

The legacy CGSC correspondence course is currently only available to Year Group 93 and earlier officers who are preparing for promotion boards. This correspondence version is also transitioning to a web based program and is expected to be available this fall.

For more information on the Ask Branch column please contact MAJ LaShanda Cobbs at cobbsl@hoffman.army.mil.

AJN Photo Submissions – A Chance to Share Your Experiences with other Nursing Professionals

The American Journal of Nursing (AJN) has requested photos of Army Nurses from recent operations--either peacekeeping, humanitarian or related to the Global War on Terror. The AJN Editor would like to include them in a military photo spread. If you took interesting photos, while involved in one of these missions, please contact Nicole Mladic at 312.861.5274 or email Nicole.Mladic@mslpr.com. Please remember to have your photos approved by your Public Affairs Office before submitting.

Request for Submissions from William Beaumont Army Medical Center

7 March will be the first anniversary of the death of CPT Gussie Jones, an Army Nurse Corps officer who died in Iraq of non-battle related causes. CPT Jones was a 66H8A who was PROFIS from WBAMC to the 31st CSH. On 7 March, WBAMC will dedicate our ICU to the memory of CPT Jones. We will be joined by MG Pollock, COL Bruno, the Jones family, and local friends of CPT Jones. We are looking for statements to read about what CPT Jones meant to the many nurses with whom she worked. If you knew CPT Jones and would like to write of a brief memoir, please email it to lenore.enzel@amedd.army.mil. Thank you.

2005 ANC-CHEP Guidelines

The new 2005 ANC-CHEP Guidelines are now posted on the Department of Health, Education and Training website at http://www.cs.amedd.army.mil/dhet/. When you get there click on "Army Nurse Corps" and scroll down to the ANC-CHEP Guidelines button. Click and you're there. As you scroll to each chapter in the table of contents you can click and it will take you to that chapter. All forms in Chap 5, 6 &7 should open, but if they don't please call me so I can get the links reconnected. **I also ask that you not print these** and work from a hard copy because you will miss many things that expand and much information will be lost. In going through these, since I have arrived, I have seen areas that already need updating, and have received input and ideas from folks on things that I can fix. I plan to do this as I get a chance, so the Guidelines will be ever-changing in some ways (not overall content, but streamlining how they work on-line). This means that it is even more important to use them on-line, so you don't overlook something.

There are few significant changes that I will mention here:
- Disclosure/vested interest statements are required for all presenters
- Disclosure/vested interest statements are required on all marketing material and must be made at the beginning of each presentation
- Disclosure/vested interest statements can be made on the "official" form or can be one sentence added on the CV/Bio stating that the presenter has no vested interest in the topic being presented.
- No signatures are required on the application or the certificate
- All packets must have a marketing tool of some sort. It can be a flyer or a Tri-fold or a PowerPoint of some sort.
- Terminology has changed from "EDI" to "Provider Directed Activity" and "EDII" to "Learner Directed Activity".
- There is a new statement on the certificate and an example is included in Chap 5.
- There is a new application.

Please call or email with any questions that you may have.
COL Carol A. McNeill
Chief, Nursing Education Branch
Comm: (210) 295- 0274 **DSN**: 421-0274 **Fax**: (210) 221-2832 **email**: carol.mcneill@amedd.army.mil

SEXUAL ASSAULT RESPONSE TEAM TRAINING PROGRAM

(Open to Civilians and Military)
7 - 11 March 2005
Hyatt Regency Bethesda Hotel
Bethesda, Maryland

Course Directors
Susan L. Hanshaw, MFS, RN, LtCol, USAFR, NC
Cynthia T. Ferguson, LT, CNM, MSN, CMI-III, USN

Sponsored by
Armed Forces Institute of Pathology
Office of the Armed Forces Medical Examiner

VIEW COURSE & REGISTER ONLINE: http://www.afip.org/Departments/edu/upcoming.htm

Information

For further information please contact
Course Coordinator: Ricky Giles
Department of Medical Education
Armed Forces Institute of Pathology
Washington, DC 20306-6000
Tel: (202) 782-2637
Toll-Free Tel: (800) 577-3749 (within the US)
Fax: (202) 782-5020
Toll-Free Fax: (800) 441-0094
E-mail: came@afip.osd.mil
DSN: 662-2637

The 18th Annual Pacific Nursing Research Conference

3-5 March, 2005
Wakiki Beach Marriott Resort, Hawaii USA
Theme: Research Across the Life Span
The Call for Abstracts is now available on the Henry Jackson Foundation website:
http://hjf.org/events/index.html

If you would like any additional information, please contact LTC Patricia A. Wilhelm @ mailto:patricia.wilhelm@us.army.mil

The Resource Center of TSNRP Invites Applications

The Resource Center offers intensive training seminars for military nurses interested in scientific research. Preference will be given to topics listed among the current funding priorities.

2005 Funding Priorities

✓ Deployment Health: Examination of the physiological and psychosocial factors affecting the readiness of soldiers and their families before, during, and after deployment.
✓ Developing and Sustaining Competencies: Identification of the expertise needed to work in multiple venues and an exploration of how best to enhance learning and the retention of the new skills in military nursing.
✓ Recruitment and retention of the Work Force: Exploration of the factors associated with recruitment and retention of appropriate personnel for the military health care system.
✓ Clinical Resource Management: Identification and testing of the most cost-effective and efficient ways to use professional and ancillary medical staff for patient care and for overall force specialty composition.
✓ Military Clinical Practice and Outcomes Management: Identification of patient care strategies that are both effective and supported by research.
✓ **Also High Priority**: Operational War-Related Research: An examination of the physiological and psychosocial factors affecting soldiers, sailors, airmen, and marines before, during, and after combat; and Evidence-Based Practice (EBP) Initiatives.

Eligibility

❖ All Active Duty, Reserve, & National Guard Nurse Corps Officers are eligible to apply.

Requirements

❖ Submit a "researchable question" (see application page for details).
❖ The TSNRP Research Council comprised of faculty and consultants selected for their expertise in the scientific and programmatic review process will review your application.
❖ After review by the Research Council, invitations will be sent by the Resource Center to selected candidates.

Suspense Date

❖ 18 January 2005. Electronically submit your application and research question (including the 5 required items) to TSNRP no later than 5:30 PM EST. Send to mburcroff@usuhs.mil.

Notification

❖ By 21 March 2005. Candidates selected by the Research Council will be invited to attend a course best suited to each candidate's level.

Disclaimer

- Attendance at any of the above grant writing seminars does not guarantee funding of your research proposal.

SESSION ONE 23 – 27 May 2005. Candidates assigned to Session 1 will meet daily with mentors to discuss and implement best procedures for developing a research proposal intended for submission within the upcoming funding cycle.

SESSION TWO 15 – 17 August 2005. "Research Decision-Making." A new refresher course for novice researchers with limited experience. Designed to increase research expertise through mentorship, classroom attendance, and matching with senior research mentors (Pod Leaders) in their regional area. This session provides an option for selected candidates to attend the next level seminars the following year.

SESSION THREE 18 – 19 August 2005. Candidates who successfully completed the work assigned in Session 1 will meet with faculty in small groups. There will be additional recommendations for November submission.

*Also known as "Grant Camp"

For Application and questions contact the TSNRP Resource Center - Attn: Maria Burcroff
4301 Jones Bridge Road, Bethesda, MD 20814
Phone (301) 295-7064 Fax (301) 295-7052
Submit all applications electronically to mburcroff@usuhs.mil no later than 18 January 2005
Website: www.usuhs.mil/tsnrp

Tri-Service SIG Military

Pre-Conference

6 APRIL 2005

Call for Abstracts

The co-chairs for the American Academy of Ambulatory Care Nurses (AAACN) Tri-Service Special Interest Group (SIG) are pleased to announce we are planning an exciting Tri-Service Ambulatory Nursing Pre-conference for 6 APRIL 2005 at the Weston Horton, San Diego, California the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference scheduled for 7-11 APRIL 2005.

The purpose of this pre-conference is to provide a forum to discuss success stories, best practices, collaborative practice as well as challenges encountered by ambulatory care nurses within the Military Health Care System. This will be accomplished through lectures, poster sessions and panel discussions

We are currently requesting abstracts for lectures and/or poster presentations with relevance and pertinence to the theme of the 06 April 2004 AAACN SIG in San Diego "Charting a Course for Ambulatory Care in the Military Health Care System"

Guidelines for Submission:

- Please submit an electronic lecture proposal and/or abstract submission using Microsoft Word and the attached template located at the end of this message. In the text of your email, please include a single point of contact, their email, the topic, and whether you are submitting a presentation, poster, or both. The poster session will consist of visual displays. Your presence is requested during morning registration, breaks, and lunchtime.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.
- Submission date: Abstracts must arrive on or before: 01 NOV 2004.
- Notification of acceptance and further instructions will be sent no later than Friday 15 Oct 04.
- For questions or concerns please contact COL Secula @ 210-221-7885 or Lt Col Naughton @ DSN 382-2343 Comm: 253- 982-2343.

Email Abstract submissions to one of the following:

Monica Secula, COL, ANC ***Monica.Secula@AMEDD.army.mil***	**Corinne Naughton, Lt Col, USAF, NC** **Corinne.Naughton@mcchord.af.mil**	**CDR Harry Foster Smith,NC,USN** **HFSmith@nmcsd.med.navy.mil**

Office of the Chief, Army Nurse Corps	
Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC mailto:Barbara.bruno@amedd.army.mil LTC Sheri Howell, AN Staff Officer mailto:Sheri.howell@amedd.army.mil MAJ Eric Lewis, AN Fellow mailto:Eric.lewis@amedd.army.mil AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360	**Washington, DC Office** LTC Christine Johnson, AN Staff Officer mailto:Christine.Johnson@belvoir.army.mil Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999
ANC Branch @ HRC: www.perscomonline.army.mil/ophsdan/default.htm	AN Website: http://armynursecorps.amedd.army.mil/